



**CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8A)**

I hereby certify that this correspondence is, on the date shown below, being:

**MAILING**

deposited with the United States Postal Service, with sufficient postage, as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Date: 29 March 2005

**FACSIMILE**

transmitted by facsimile to the Patent and Trademark Office.

Signature

Lisa L. Pringle

(type or print name of person certifying)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

)

)

Kenneth W. Aull

) Group Art Unit: 2137

)

Serial No.: 09/823,477

)

)

Filed: 30 March 2001

) Examiner: Minh Dieu T Nguyen

)

For: System and Method for Cross Directory Authentication in a Public Key Infrastructure

**RESPONSE TO OFFICE ACTION**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated February 2, 2005, issued in connection with the above-identified application, please enter and consider the following remarks.

**Remarks/Arguments** begin on page 2 of this paper.



PATENT  
ATTORNEY DOCKET NO.: NG(MS)7184NP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Kenneth W. Aull

Confirmation No.: 5740

Application No.: 09/823,477

Examiner: Minh Dieu T. Nguyen

Filing Date: 30 March 2001

Group Art Unit: 2137

Title: System and Method for Cross Directory Authentication in a Public Key Infrastructure

Mail Stop AF  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

<input checked="" type="checkbox"/> Response/Amendment	<input type="checkbox"/> Request to extend time to respond
<input type="checkbox"/> New fee as calculated below	<input type="checkbox"/> Supplemental Declaration
<input checked="" type="checkbox"/> No additional fee	
<input type="checkbox"/> Other: _____ (fee \$ _____)	

CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
FOR	CLAIMS REMAINING AFTER AMENDMENT	NUMBER EXTRA	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS		MINUS		0	\$50.00	\$0.00
INDEP. CLAIMS		MINUS		0	\$200.00	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					\$360.00	
EXTENSION FEE	1ST MONTH	2ND MONTH	3RD MONTH	4TH MONTH		
	\$120.00 <input type="checkbox"/>	\$450.00 <input type="checkbox"/>	\$1,020.00 <input type="checkbox"/>	\$1,590.00 <input type="checkbox"/>		
OTHER FEES						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

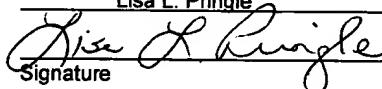
Charge \$ \_\_\_\_\_ to Deposit account 20-0090. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 20-0090 pursuant to 36 CFR 1.25. Additionally, please charge any fees to Deposit Account 20-0090 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

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Date: March 29, 2005

Lisa L. Pringle

  
Signature

Respectfully submitted,

By   
Christopher P. Harris

Attorney/Agent for Applicant(s)

Reg. No.: 43,660

Date: March 29, 2005

Telephone: (216)621-2234